U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSU	RANCE COMPANY USE	
A1. Building Owner's Name					Policy Num	ber:	
Hugo Vera							
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 601 Bowden Road 					Company N	IAIC Number:	
City							
Clewiston				Florida		33440	
A3. Property Described Lot 5 Block B Semi		id Block Numbers, Tax ubdivision	Parce	l Number, Legal De	escription, etc.)		
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longit	ude: Lat. <u>26</u>	°44'41.2"	Long. <u>8</u>	0°55'36.9"	Horizontal Datun	n: 🔀 NAD 1	1927 NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	cate is being used to	o obtain flood insur	ance.	
A7. Building Diagra	m Number	5					
A8. For a building v	vith a crawlsp	pace or enclosure(s):					
a) Square foot	age of crawls	pace or enclosure(s)		0 sq ft			
b) Number of p	ermanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net are	ea of flood op	enings in A8.b 0	s	sq in			
d) Engineered	flood opening	gs? ☐ Yes ⊠ No					
A9. For a building v	vith an attach	ey ustade.					
		ed garage. ed garage 0		og #			
				•	at at a same		_
		od openings in the atta			ot above adjacent (grade	0
			0	sq in			
d) Engineered	flood opening	gs? ☐ Yes ⊠ N	0				
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi Clewiston 120107	ty Name & Co	ommunity Number		B2. County Name Hendry			B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s	(Zoi	se Flood Elevation(s) ne AO, use Base
12051C 0125	D	07/06/2015		2015	AE	17.00	od Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No							
Designation Date: CBRS DPA							

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US					
Building Street Address (including Apt., Unit, Suite, and/or 601 Bowden Road	Bldg. No.) or P.O. Rou	te and Box No.	Policy Number:		
City State	e ZIP	Code	Company NAIC Number		
Clewiston Florida		40			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
 C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below. 					
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S Datum used for building elevations must be the same	***	FF	-100		
button assa for building storations must be the sume	as that used for the D	· ·	Check the measurement used.		
 a) Top of bottom floor (including basement, crawlspa 	ace, or enclosure floor)	<u>19</u> . 70	X feet meters		
b) Top of the next higher floor		N/A	X feet meters		
c) Bottom of the lowest horizontal structural member	r (V Zones only)	N/A	X feet meters		
d) Attached garage (top of slab)		N/A _.	X feet meters		
e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Comr	icing the building ments)	<u>17</u> . <u>0</u>	X feet		
f) Lowest adjacent (finished) grade next to building	(LAG)	<u>15</u> . 70	X feet meters		
g) Highest adjacent (finished) grade next to building	(HAG)	16, 45	X feet meters		
h) Lowest adjacent grade at lowest elevation of deck structural support	c or stairs, including	<u>16</u> . <u>66</u>	🗵 feet 🗌 meters		
SECTION D - SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIFI	CATION		
This certification is to be signed and sealed by a land surv I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment und	mv best efforts to inter	nret the data availa	law to certify elevation information. ble. I understand that any false		
Were latitude and longitude in Section A provided by a lice			Check here if attachments.		
Certifier's Name	License Number				
Timothy C. Smith	P.S.M. # 4675				
Title Vice President					
Company Name Timothy C. Smith P.S.M. #4675, INC.			Turker Truly		
Address 1651 Coffey Road			Hera of W		
City	State	ZIP Code			
Moore Haven	Florida	33471			
Signature Emily Emily	Date 07/05/2016	Telephone (863) 946-2045			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per Electrical Equipment is an Air Conditioner on the West Sid		•			

Replaces all previous editions.

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and 601 Bowden Road	d/or Bldg. No.) or P.O. R	oute and Box No.	Policy Number:		
		IP Code 3440	Company NAIC Number		
SECTION E – BUILDING EL FOR ZON	EVATION INFORMAT E AO AND ZONE A (W	ION (SURVEY NOT /ITHOUT BFE)	REQUIRED)		
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below					
the highest adjacent grade (HAG) and the lowest a a) Top of bottom floor (including basement, crawlspace, or enclosure) is	adjacent grade (LAG). N/A				
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	N/A .		s above or below the HAG. s below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in	penings provided in Sec				
the diagrams) of the building is E3. Attached garage (top of slab) is	N/A	feet _ meter			
E4. Top of platform of machinery and/or equipment servicing the building is	N/A	_			
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? X Yes	le. is the top of the botton		cordance with the community's		
SECTION F - PROPERTY OWI	NER (OR OWNER'S RE	PRESENTATIVE) CE	RTIFICATION		
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	ve who completes Section	ons A. B. and F for Zo	ne A (without a FEMA-issued or		
Property Owner or Owner's Authorized Representative'	's Name				
Address	City	Sta	te ZIP Code		
Signature	Date	Tel	ephone		
Comments	TOTAL PROPERTY OF THE PROPERTY				
			☐ Check here if attachments.		

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, St 601 Bowden Road	uite, and/or Bldg. No.) or P.0	D. Route and Box No.	Policy Number:		
City Clewiston	State Florida	ZIP Code 33440	Company NAIC Number		
SECTIO	ON G - COMMUNITY INFO	RMATION (OPTIONAL	-)		
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.					
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other documentationed by law to certify elevation	n that has been signed n information. (Indicate	and sealed by a licensed surveyor, the source and date of the elevation		
or Zone AO.			MA-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for commu	inity floodplain manage	ment purposes.		
G4. Permit Number	G5. Date Permit Issued	G6	. Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction Sub	stantial Improvement			
G8. Elevation of as-built lowest floor (including of the building:	j basement)	fe	eet 🗌 meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	fe	eet meters Datum		
G10. Community's design flood elevation:			eet		
Local Official's Name	Titl	e			
Community Name	Te	ephone			
Signature	Da	te			
Comments (including type of equipment and loc	cation, per C2(e), if applicab	le)			
			Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including A 601 Bowden Road	Policy Number:		
City Clewiston	State Florida	ZIP Code 33440	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo Two

Photo Two Caption North and West Views

07/05/2016

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 601 Bowden Road	Policy Number:		
City Clewiston	State Florida	ZIP Code 33440	Company NAIC Number

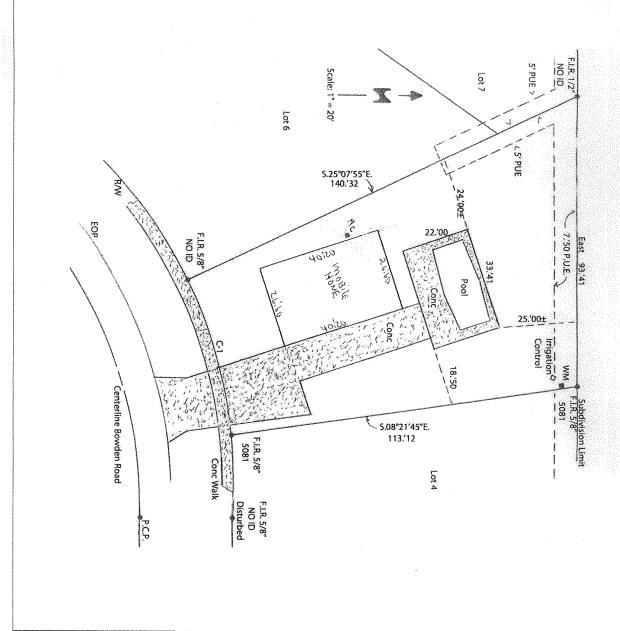
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Two

Photo Two Caption South and East Views

07/05/2016



CERTIFICATION

I HEREBY CERTIFY TO HUGO VERA THAT THIS SURVEY TO THE BEST OF MY BELI EF AND KNOWLEDGE MEETS STANDARDS OF PRACTICE, AS SET FORTH BY THE STATE STATUTES OF THE STATE OF FLORIDA.

TIMOTHY C. SMITH, P.S.M. # 4675

DESCRIPTION

BEING A PARCEL OF LAND LOCATED IN HENDRY COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS FOLLOWS. LOT 5 IN BLOCK B OF THE SEMINOLE MANOR SUBDIVISION ACCORDING TO THE PLAT THEREOF IN PLAT BOOK 4 PAGES 93 & 94 OF THE PUBLIC RECORDS OF HENDRY COUNTY, FLORIDA, SUBJECT TO ALL ENFORCEABLE EASEMENTS, ENCUMBRANCES AND RESTRICTIONS OF RECORD.

ABBREVIATIONS

727 -773	
F.LR: FOUND IRON ROD R/W: RIGHT-OF-WAY	
B.O.B: BASIS OF BEARING	
S.I.R: SET IRON ROD	

FLOOD ZONE: AE

CPN: 12051C0281D

CURVE DATA

Delta: 16°46'10" J

Arc: 52.68

Radius: 180, 00

Chord: 52.49

NOTE. THIS CERTIFICATION IS ONLY FOR THE LANDS DESCRIBED. IT IS NOT A CERTIFICATION OF TITLE. ZONING, BASEMENTS, OR FREEDOMS OF ENCUMBRANCES. THIS CERTIFICATION IS NOT VALID UNLESS SIGNED BY THE SURVEYORA AND SEALED WITH THE SURVEYOR'S EMBOSSED SEAL.

1651 COFFEY ROAD, MOORE HAVEN, FLORIDA33471 TIMOTHY C. SMITH, P.S.M. # 4675, INC. SEMINOLE MANOR SUBDIVISION **BOUNDARY SURVEY** LOT 5 BLOCK B

PAGE: 55	F.B.: T.C.# 49	Scale: 1" = 20	DATE: 05/31/16	
	# 49	= 20'	/31/16	
Fax: 863-946-0080	ornansarveying@noanan.com	emithsun/eving@hotm		
LB7902	otmail.com			

CLEWISTON, FLORIDA